

EXPORT-IMPORT BANK OF THE UNITED STATES
EXPORTER'S APPLICATION FOR SHORT-TERM SINGLE-BUYER POLICY App No.: _____

(Please Print or Type) (Ex-Im Bank Use Only)

1. Applicant

2. Broker (If none, state "None")

Name:		Brokerage:	Broker Number:
Address:		Attn.:	Tel No.:
Attn.:	Tel No.:	Fax No.:	E-Mail:
Fax No.:	E-Mail:		

3. Qualification for Coverage. Will the applicant: a) Have title to the products at the time they are shipped? ☐ Yes ☐ No
b) Be directly invoicing the Buyer? ☐ Yes ☐ No
(If you answered no to either you may not be eligible for coverage. Consult your broker, City/State Program participant or Ex-Im)

4. Buyer Name and (full) Address (no Post Office Box nos.) File No.: _____
(Issuing Bank for Letter of Credit transactions) (Ex-Im Bank Use Only)

5. Guarantor Name and Address (If none, state "None") File No.: _____
(Ex-Im Bank Use Only)

PART I - INFORMATION ABOUT THE APPLICANT Refer to Ex-Im Bank's Short Term Credit Standards (EIB99-09) Exporter for New Policyholder to determine the likelihood of approval.

6. If you have submitted this information within the past twelve months provide the policy no. _____; otherwise attach the following:
a) Your SIC Code (if known) _____ b) Total Employees _____ c) Total Sales _____
d) Tax ID #: _____ e) DUNS #: _____ f) Congressional District: _____
g) Indicate (Not Required) if owned by a ☐ Woman, or an ☐ Ethnic Minority, describe _____
h) ☐ Credit agency report dated within 6 months of the application. If unavailable, please attach check for \$35.00 to assist in covering Ex-Im Bank's cost in ordering a report.

	Year	
i) Total export sales	\$ _____	\$ _____
j) Total export sales (excluding cash in advance and confirmed irrevocable letter of credit transactions) during your last 2 fiscal years:	\$ _____	\$ _____
k) Years exporting on credit terms: _____		

l) ☐ Attach the collection procedures your company follows in the event your foreign customers become past due.
7. What is your primary reason for applying for this policy? ☐ Risk mitigation ☐ To obtain financing ☐ Other attach explanation.
8. Have you applied for, or received the benefit of, a U.S. Small Business Administration or Ex-Im Bank program such as a Working Capital Loan Guarantee or Insurance Policy approval? (Enhanced Assignments are not available to exporters benefitting from an Ex-Im Bank or US Small Business Administration Working Capital Loan Guarantee) ☐ No ☐ Yes (describe agency, program outcome and status): _____

9. If requesting an "Enhanced Assignment" check here ☐ and attach the following (refer to Ex-Im Bank's Short Term Credit Standards EIB99-09 Exporters for Enhanced Assignments to determine the likelihood of approval):

- ☐ A bank reference dated within 6 months of the application.
- ☐ 2 trade references dated within 6 months of the application.
- ☐ Financial statements as follows:

Limit of Liability	Minimum Requirement
\$500,000 or less	signed by an authorized officer for the applicant
\$500,001 - \$999,999	reviewed by a CPA with notes attached
\$1,000,000 or more	audited by a CPA with opinion and notes attached.

PART II - INFORMATION ABOUT THE TRANSACTION

10. Check one: ☐ Firm Order ☐ Negotiating Sale ☐ Responding to Invitation to Bid
11. a) Products ☐ New ☐ Used (If used, attach Used Equipment Questionnaire)
b) Name and Description of Products: _____
c) Is each product produced or manufactured in the United States? ☐ Yes ☐ No If no explain: _____

- d) Has at least one-half of the value, exclusive of price mark-up, been added by labor or material exclusively of United States origin? ☐ Yes ☐ No If no, explain: _____.
- e) Will any value be added to the product after export from the U.S.? ☐ No ☐ Yes If yes, explain: _____.
- f) Are products listed on the United States Munitions List? (Part 121, Title 22, Code of Federal Regulations) ☐ Yes ☐ No
- g) Has this transaction been considered by any other export credit insurer? ☐ No ☐ Yes If yes, attach an explanation.

12. SUPPLIER. The "supplier" is the U.S. entity which produces the items and/or performs the services to be exported.

Check if the supplier is also the ☐ exporter or complete the following:

(Ex-Im use only: File #: _____)

Supplier Name: _____	Phone #: _____
Contact person: _____	Fax #: _____
Position Title: _____	E-Mail: _____
Street Address: _____	City: _____
State: _____	Zip Code: _____
Taxpayer ID #: _____	Duns #: _____
Congressional District: _____	
Fiscal year ended (mo. & yr.): _____	Gross sales revenue in last fiscal year: \$ _____
# of employees: _____	
Standard Industrial Code of business: _____	Indicate (Not Required) if owned by a <input type="checkbox"/> Woman or <input type="checkbox"/> Ethnic Minority, describe: _____

13. a) **Payment terms** requested _____
- b) Debt instrument (if any) _____
- c) Expected frequency of shipments: ☐ Single shipment ☐ Multiple shipments under one sales contract.
- d) If single shipment, the expected date of shipment _____, or
if multiple shipments, the period required to make shipments from _____ to _____
- e) Total shipment volume to be insured \$ _____
- f) If multiple shipments, the expected highest amount outstanding during shipment period \$ _____
- g) Other security/guarantees available. If none, state "None". _____.
14. Coverage type required: ☐ Commercial/Political ☐ Political Only
15. Pre-shipment Coverage (complete only if coverage is requested) **NOTE:** Additional premium will be charged for this cover.
- a) Has contract of sale been executed? ☐ Yes ☐ No Date or estimated date: _____
- b) Estimated period between date of contract and final shipment date of products: _____
- c) ☐ Attach schedule of any progress payments made or to be made by buyer during pre-shipment period or ☐ None.
- d) What risk is of primary concern to you during the pre-shipment period? _____

PART III - INFORMATION ABOUT THE BUYER Refer to Ex-Im Bank's Short Term Credit Standards (EIB99-09) Buyers: for Financial Institutions, letter of credit transactions, for Financial Institutions non-letter of credit transactions, and for Non-Financial Institution Buyers to determine the likelihood of approval. Attach the following information:

16. a) Market Rating: _____ Rating Agency: _____ Date: _____ **OR**
- b) ☐ A credit report on the buyer, and guarantor (if any) not older than 6 months from date of application **and**
- ☐ 2 (1 if the credit limit is \$100,000 or less) Trade Reference forms (EIB99-14) dated within 6 mos of the application **and**
- ☐ If the credit limit is \$300,001 or more, audited or unaudited signed financial statements with notes on the buyer, and guarantor (if any) for the last: 2 fiscal years if the credit limit is \$300,001 to \$1million, or
3 **audited** fiscal years if the credit limit is \$1,000,001 or more.
(Credit and financial information should be on the issuing bank if terms are letter of credit)
17. When did you last visit the buyer? _____
18. a) Summary of credit experience (insured and uninsured) with this buyer during current year and past 2 years:
- | | | | |
|--|----------|----------|----------|
| Total Sales Each Year | \$ _____ | \$ _____ | \$ _____ |
| Highest Amount Outstanding During Period | \$ _____ | \$ _____ | \$ _____ |
| Payment Terms | _____ | _____ | _____ |
- b) Describe buyer's payment history (check one)
- ☐ No prior experience ☐ Prompt/Discount ☐ 1-30days slow ☐ 31-60days slow ☐ More than 60 days slow
- c) Amount now owing \$ _____ as of _____ (Date).
- d) Amount now past due (indicate maturity dates and explanation). _____
- e) If past dues are due to foreign exchange problems, does applicant have evidence of local currency deposits on all payments due? ☐ Yes ☐ No ☐ Not applicable.
19. Describe any direct or indirect ownership interest or family relationship which exists between the applicant and the buyer or guarantor. If none, state "None." _____.

20. **For applications submitted prior to January 1, 2000 attach an Ex-Im bank Y2K survey on:**

☐ the applicant ☐ the buyer ☐ the guarantor or

give the policy number(s) for which it has already been submitted: party: _____ policy no. _____

21. **PART IV - APPLICANT CERTIFICATIONS**

a) The Applicant certifies that it is (check one):

☐ a corporation organized and existing under the laws of the United States or a jurisdiction thereunder, or an individual or partnership resident in the United States; or

☐ a foreign corporation, partnership or individual registered to do business in the United States.

b) The certifies that it is not currently, nor has it been within the preceding three years;

(1) debarred, suspended or declared ineligible from participating in any Federal transaction or

(2) formally proposed for debarment, with a final determination still pending;

(3) voluntarily excluded from participation in a Federal transaction; or

(4) indicted, convicted or had a civil judgement rendered against it for any of the offenses listed in the Regulations governing Debarment and Suspension (Government Wide Nonprocurement Debarment and Suspension Regulations; Common Rule).

c) The applicant states, to the best of its knowledge and belief, that **if** any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of a Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned **shall complete and submit** Standard Form-LLL, "Disclosure Form to Report Lobbying," **in accordance with its instructions**. Submission of this statement is a prerequisite for making or entering into this transaction imposed by, Article 31, United States Code, Section 1352. Any person who fails to file the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure. If Form-LLL is necessary, it may be obtained from Ex-Im Bank. This certification does **not** apply to commissions paid by Ex-Im Bank to insurance brokers.

d) The applicant certifies that it is not delinquent on any amounts due and owing to the U.S. Government its agencies or instrumentalities as of the date of this application.

f) The applicant certifies that the representations made and the facts stated by it in the application for said Policy **are true, to the best of its knowledge and belief, and that it has not misrepresented or omitted any material facts** relevant to said representations. The applicant agrees that such representations and facts shall form the basis of and be incorporated in the Policy, if issued, and that the truth of such representations and facts and the due performance of each and every undertaking contained herein above shall be condition precedent to any liability of Ex-Im Bank thereunder. The applicant further understands that this certification is subject to the penalties for fraud provided in Article 18, United States Code, Section 1001.

g) The Paperwork Reduction Act. Article 5, Code of Federal Regulations Section 1320.8(b)(3) requires Ex-Im to advise applicants:

(1) the information collected in this application is **necessary to determine the eligibility** of the request.

(2) the information collected will be analyzed to **determine the ability** of the participants to perform the transaction and pay for it.

(3) **public burden** reporting for this collection of information is estimated to average 1 hour per response, including time for reviewing instructions, searching existing data sources, gathering the data needed, and completing and reviewing the collection of information. Send **comments** regarding the burden estimate or any other aspect of the collection of information, including suggestions for reducing this burden to Office of Management and Budget, Paperwork Reduction Project OMB#3048-0009, Washington, D.C. 20503.

(4) Ex-Im requires responses to the questions in this application under the **authority** of the Export-Import Bank Act of 1945.

(5) the information collected will be held **confidential** subject to the Freedom of Information Act Article 5, United States Code Section 552.

(6) Ex-Im may not require the information requested in this application and applicants are not required to respond unless a currently valid OMB control number is displayed on the form (see upper right of each page).

(Signature)

(Print Name and Title)

Date

**Send, or ask your insurance broker or city/state participant to review and send, this application to
Ex-Im Bank, 811 Vermont Avenue, NW, Washington, D.C. 20571 or an Ex-Im Regional Office.**

The Ex-Im Bank website is <<http://www.exim.gov>>

Please complete: The applicant was informed about Ex-Im by: ☐ An Ex-Im Regional Office; ☐ An Ex-Im

City/State Partner: ☐ A U.S. Export Assistance Center; ☐ A Broker;

☐ A Bank; ☐ A Local Development Authority; ☐

Other (specify): _____

END